



Camp A'hoi Registration Form



Camper Name:		Age:	Gender:		
Mailing Address:					
Postal Code:		DOB (YY/MM/DD)			
Parent E-Mail:			MCP:		
Allergy/Medical Information/Special Needs:					
Does your child need a lifejacket?					
Parents/Guardians Name 1:		Day Time Phone:		Cell:	
Parents/Guardians Name 2:		Day Time Phone:		Cell:	
Emergency Contact Name:		Day Time Phone:		Cell:	
Weeks of Camp: Please select the camp of choice by checking the appropriate box					
Grouping Request: If you would like to have your child in a group with another camper, please indicate other camper below					
Early Drop Off/Late Pick Up: \$10.00/child per week.					
Week	Theme	Date	Select Camp	Early Drop Off Late Pick Up	Grouping Request (not guaranteed)
Example	Holyrood Week	June 1 – June 5	X	YES	Camper's Name
Week 1	A Year in a Week	July 4 - July 8			
Week 2	Adventure Land	July 11 – July 15			
Week 3	Movin' and Groovin'	July 18 – July 22			
Week 4	Camp A'hoi's Got Talent	July 25 - July 29			
Week 5	Holyrood Adventures	August 1-August 5			
Week 6	The "Magic" of Camp	August 8 – August 12			
Week 7	Where the Wild Things Are	August 15 - August 19			
Week 8	Under the Big Top	August 22 – August 26			
Total Number of Camps Selected:		Total Number of Early Drop-Off/ Late Pick Up:			
Office Use Only: TOTAL DUE: \$					
Please list below any person(s) NOT listed above that will be picking up your child.					
Name:		Relationship to child:			
Name:		Relationship to child:			
Payment Method (X): <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Email Money Transfer					
Payments due by June 6					
If using post-dated cheques please post-date one week prior to the first day of camp selected. All NSF cheques are subject to a \$35.00 fee. NO REFUNDS EXCEPT WITH DOCTORS NOTE. No receipts re-prints will be available!					

Authorization – This registration will not be completed without a signature below. As I am registering my child _____ to attend Holyrood’s summer program, I the undersigned parent, guardian or other assigned party, hereby agree to the following:

- a. The Town of Holyrood, staff, and any other participating sponsors in the event of an illness, accident, and injury are hereby given permission to authorize on my behalf all medical procedures including all treatments and possible admission to hospital as it is seen in the best interest of my child.
- b. I permit the noted camper above to attend all outings and field trips for the registered weeks of camp.
- c. **I will release any pictures taken of the camper listed above to be used by the Town of Holyrood for future promotional material (including social media) for its Summer Program. The Town of Holyrood shall be released from any liabilities that may result from these photos.**
- d. **I understand that after June 30 there are no refunds for Camp A'hoi unless you have a doctors note**

Signature: _____ Date: _____